



# City of Binghamton Planning Department

**Mayor, Richard C. David**  
Director, Dr. Juliet Berling

## Application for Administrative Planning Review and Approval

Pursuant to §410-45B of the City of Binghamton Zoning Ordinance, Administrative Planning Review and Approval is required for proposals that are Type II actions under SEQRA and involve that group of land uses and activities which are "permitted by right" pursuant to §410-29 and §410-32, will result in less than 4,000 square feet of new gross floor area of the proposed use, and will have limited or no adverse effect on the physical, environmental, social or economic character of the surrounding neighborhood. Approval may be granted after the Planning Department, the Supervisor of Building and Construction, and the Fire Marshal determine that the proposed change of use will not have any significant impact on any environmental or development issues on the lot or the surrounding neighborhood.

Please complete and submit this application to the Planning Department. Completion and submission of this application does not guarantee approval. The Planning Department reserves the right to request that any application be reviewed and decided by the Planning Commission

### THE FOLLOWING ITEMS ARE REQUIRED FOR ALL APPLICATIONS:

- Application fee: \$50.00
- Floor plan(s) drawn to scale

#### 1. Project Location Information:

Address of Property: \_\_\_\_\_ Tax Map #: \_\_\_\_\_  
Dimensions: Frontage \_\_\_\_\_ ft. Depth \_\_\_\_\_ ft. Square Footage: \_\_\_\_\_  
Zoning District: \_\_\_\_\_

#### 2. Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Applicant's relationship to property: \_\_\_\_\_

#### 3. Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

#### 4. Architect/Engineer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

#### 5. Attorney: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

6. Please provide a detailed description of the proposed project:
7. List and describe all exterior alterations and additions proposed as part of the project.
8. List and describe all interior alterations and additions proposed as part of the project.
9. What is the estimated total cost of alterations? (If over \$75,000, an engineer's estimate is required.)
10. Please describe the land use history of the site (if known):

11. For commercial establishments, please complete the following:

	<u>Existing</u>	<u>Proposed</u>
a) Number of customers per day:	_____	_____
b) Number of employees:	_____	_____
c) Hours of operation:	_____	_____
d) Days of operation:	_____	_____
e) Hours of deliveries:	_____	_____
f) Frequency of deliveries (daily/weekly/monthly):	_____	

**12. Is the site within a Historic District or listed as a Local Landmark?** Yes \_\_\_\_ No \_\_\_\_ Unknown \_\_\_\_

→ If yes, design review from the Commission on Architecture and Design may be required.

**13. Involved and Interested Agencies:**

Other than the Building & Construction Department of the City of Binghamton, list all other agencies from which a permit or approval will be required for this project:

\_\_\_\_ City Council (specify \_\_\_\_\_)

\_\_\_\_ Broome County (specify \_\_\_\_\_)

\_\_\_\_ NYS Department of Environmental Conservation (specify \_\_\_\_\_)

\_\_\_\_ NYS Department of Transportation (specify \_\_\_\_\_)

\_\_\_\_ CAUD (specify \_\_\_\_\_)

\_\_\_\_ Other (specify \_\_\_\_\_)

**14. Please describe the anticipated traffic volume generated by the proposed project.**

**15. Please describe the impact the proposed project will have on existing site access, internal circulation and on-site and off-site parking.**

**16. Please describe the impact the proposed project will have on green space (landscaping, buffering, screening, etc.) and drainage.**

**17. Please describe how the proposed project may affect noise levels within the neighborhood.**

**18. Please describe any impact the proposed change of use will have on lighting.**

**19. Please describe the positive or negative effect(s) of this project on the character of the neighborhood, especially adjacent properties.**

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By signing below, I/we acknowledge that all information presented herein is true to the best of my/our knowledge. I/we further understand that any false information intentionally provided or omitted is grounds for the revocation of the exception approval. I/we also give Planning Department & Building Department staff the right to access the premises (both interior and exterior) at reasonable times and upon reasonable notice for the purpose of taking photographs and conducting other visual inspections.

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Property Owner's Signature (if different than Applicant)